

10-25-05

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/632,387

Filing Date

08-01-2003

First Named Inventor

Barnes et al.

Art Unit

3737

Examiner Name

Attorney Docket Number

22194(1)

ENCLOSURES

(Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a



Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

PTO-2038; Return Receipt Post card

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Battelle Memorial Institute

Signature

Klaus H. Wiesmann

Printed name

Klaus H. Wiesmann

Date

Klaus H. Wiesmann

Reg. No.

30,437

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Judy Readman

Typed or printed name

Judy Readman

Date

10/24/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Attorney Docket No.	22194(1)
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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)	350.00
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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

Deposit Account	Deposit Account Number:	Deposit Account Name:
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee Paid (\$)
- 20 or HP = 6 x 25 = 150		
	Multiple Dependent Claims	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Inden. Claims	Extra Claims	Fee (\$)
1	1	100
2	2	200
3	3	300
4	4	400
5	5	500
6	6	600
7	7	700
8	8	800
9	9	900
10	10	1000
11	11	1100
12	12	1200
13	13	1300
14	14	1400
15	15	1500
16	16	1600
17	17	1700
18	18	1800
19	19	1900
20	20	2000
21	21	2100
22	22	2200
23	23	2300
24	24	2400
25	25	2500
26	26	2600
27	27	2700
28	28	2800
29	29	2900
30	30	3000
31	31	3100
32	32	3200
33	33	3300
34	34	3400
35	35	3500
36	36	3600
37	37	3700
38	38	3800
39	39	3900
40	40	4000
41	41	4100
42	42	4200
43	43	4300
44	44	4400
45	45	4500
46	46	4600
47	47	4700
48	48	4800
49	49	4900
50	50	5000
51	51	5100
52	52	5200
53	53	5300
54	54	5400
55	55	5500
56	56	5600
57	57	5700
58	58	5800
59	59	5900
60	60	6000
61	61	6100
62	62	6200
63	63	6300
64	64	6400
65	65	6500
66	66	6600
67	67	6700
68	68	6800
69	69	6900
70	70	7000
71	71	7100
72	72	7200
73	73	7300
74	74	7400
75	75	7500
76	76	7600
77	77	7700
78	78	7800
79	79	7900
80	80	8000
81	81	8100
82	82	8200
83	83	8300
84	84	8400
85	85	8500
86	86	8600
87	87	8700
88	88	8800
89	89	8900
90	90	9000
91	91	9100
92	92	9200
93	93	9300
94	94	9400
95	95	9500
96	96	9600
97	97	9700
98	98	9800
99	99	9900
100	100	10000

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
2 -- HB --	2	100

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

3152 555(2)

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extra Claim Fees

SUBMITTED BY

Signature _____

Registration No.

(Attorney/Agent) 30,437

Telephone 614-424-6589

Name (Print/Type) Klaus H. Wiesmann

Date Oct 24 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Express Mail No. US 560240801 US

PATENT

Attorney Docket No. 22194(1)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Barnes et al.

Serial No.: 10/632,387

Art Unit: 3737

Filed: 08/01/2003

Examiner:

For: Optical Devices For Medical Diagnostics

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

PRELIMINARY AMENDMENT

Please amend the application as shown on the following pages:

Amendments to the claims begin at page 2 of this amendment.

10/26/2005 HLE333 00000085 10632387

01 FC:2201	200.00 DP
02 FC:2202	150.00 DP